

Work Order ID 101709

\*101709\*

Page 1

May-13-13 1:12:26 PM

Item ID: D3214-1

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Placard

Stop

\*NS2\*

Start Date: 5/13/13

Start Qty: 10.00

\*10\*

Cust Item ID:

Required Date: 5/31/13

Req'd Qty: 10.00

\*10\*

Customer:

Reference:

Approvals: Process Plan: MUS

Date: 13-05-14

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D3214	Rev C
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100
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0.00
------

*100*
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WATERJET
----------

0.00
------

Waterjet
----------

FLOW CNC Waterjet
-------------------

6061-080
----------

Memo
------

CUT AS PER DWG
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DWG REV: 6
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PROG REV: 6
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DEBURR
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110
-----

QC2- Inspect parts off machine FAI/FAIB
---

0.00
------

*110*
-------

QC
----

Quality Control
-----------------

10	0
----	---

JMB-07-21

0.00
------

10	0
----	---

JMB-07-21

NCR: Yes / No

## **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: Date:

QA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data	<input type="checkbox"/>										
Equip/Tooling	<input type="checkbox"/>										
Operator	<input type="checkbox"/>										
Material	<input type="checkbox"/>										
Setup	<input type="checkbox"/>										
Other	<input type="checkbox"/>										
Process	<input type="checkbox"/>										
Supplier	<input type="checkbox"/>										
Training	<input type="checkbox"/>										
Unapproved	<input type="checkbox"/>										
FAULT CATEGORY											
Landing Gear				General							
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced			
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure			
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld			
Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled			
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>				
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>				
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>				
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Other	<input type="checkbox"/>				
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>				
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>				
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>				

Work Order ID 101709

\*101709\*

Page 2

May-13-13 1:12:26 PM

Item ID: D3214-1

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Placard

Stop

\*NS2\*

Start Date: 5/13/13

Start Qty: 10.00

\*10\*

Cust Item ID:

Required Date: 5/31/13

Req'd Qty: 10.00

\*10\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

112

QC8- Inspect parts - second check

0.00

S  
828

10

\*112\*

QC

Quality Control

120

Chemical Conversion Coat per QSI005 4.1

0.00

\*120\*

HandFinish

Hand Finishing

0.00

10 06/13/2013

130

Black Sandtex(Ref:4.3.5.7) per QSI005 4.3

0.00

\*130\*

Powdercoat

Powder Coating

Memo

1:30

0.00

START TIME:

FINISH TIME: OVEN TEMPERATURE:

320>1

2:00

10 x fm / 13/07/13

W117338

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																																																																																																																																			
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>																																																																																																																					
Part No. _____			Work Order Update <input type="checkbox"/>																																																																																																																																						
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FAULT CATEGORY																																																																																																																																									
Landing Gear				<table border="0"> <tr> <td colspan="3">General</td> <td colspan="8"></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bending</td> <td><input type="checkbox"/></td> <td>Grain</td> <td><input type="checkbox"/></td> <td>Ovalized</td> <td><input type="checkbox"/></td> <td>Pressure/Forced</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Centre Not Concentric to O/S</td> <td><input type="checkbox"/></td> <td>Hardware</td> <td><input type="checkbox"/></td> <td>Over/Under tolerance</td> <td><input type="checkbox"/></td> <td>Temperature/Cure</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Cracks</td> <td><input type="checkbox"/></td> <td>Broken/Damaged</td> <td><input type="checkbox"/></td> <td>Part Incorrect</td> <td><input type="checkbox"/></td> <td>Weld</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Crushed/Crimped</td> <td><input type="checkbox"/></td> <td>Burrs</td> <td><input type="checkbox"/></td> <td>Part Lost/Missing</td> <td><input type="checkbox"/></td> <td>Wrong Stock Pulled</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Cuffs</td> <td><input type="checkbox"/></td> <td>Contamination</td> <td><input type="checkbox"/></td> <td>Part Moved</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Heat Treat</td> <td><input type="checkbox"/></td> <td>Countersink</td> <td><input type="checkbox"/></td> <td>Positioned Wrong</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Inspection Strip in Tube</td> <td><input type="checkbox"/></td> <td>Cut Too Short</td> <td><input type="checkbox"/></td> <td>Power Loss/Surge</td> <td><input type="checkbox"/></td> <td>Other</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ripples in Bend</td> <td><input type="checkbox"/></td> <td>Drill Holes</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Torque Waves in Extrusion</td> <td><input type="checkbox"/></td> <td>Drawing</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Turning Sequence</td> <td><input type="checkbox"/></td> <td>Finish</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Wave/Twist in Tube</td> <td><input type="checkbox"/></td> <td>Folio</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>											General											<input type="checkbox"/>	Bending	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	<input type="checkbox"/>	Centre Not Concentric to O/S	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	<input type="checkbox"/>	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other	<input type="checkbox"/>	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>																											
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				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>																																																																																																																															
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**Work Order ID** 101709

May-13-13 1:12:26 PM

\*101709\*

Page 3

Item ID: D3214-1

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Placard

Stop

\*NS2\*

Start Date: 5/13/13 Start Qty: 10.00 \*10\*

Cust Item ID:

Required Date: 5/31/13 Req'd Qty: 10.00 \*10\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

140

\*140\*

QC

Quality Control

QC3- Inspect Part Finish

0.00

101709-13/08/13

150

\*150\*

HAAS 1

HAAS CNC vertical machine #1

Small Fab

0.00

Memo

0.00

Engrave text as per Folio FA394 and Dwg D3214

mh

13/08/17

160

\*160\*

QC

Quality Control

QC2- Inspect parts off machine FA1/FA1B

0.00

Memo

0.00

mh

13/08/17

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>	
										<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
										<input type="checkbox"/> Other	

**Work Order ID** 101709

\*101709\*

Page 4

May-13-13 1:12:26 PM

Item ID: D3214-1

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Placard

Stop

\*NS2\*

Start Date: 5/13/13

Start Qty: 10.00

\*10\*

Cust Item ID:

Required Date: 5/31/13

Req'd Qty: 10.00

\*10\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

180

Identify as per dwg & Stock Location

31202

0.00

\*180\*

Packaging

Packaging

Memo

0.00

10X

SP  
13-08-19

190

QC21- Final Inspection - Work Order Release

0.00

\*190\*

QC

Quality Control

Memo

0.00

13/8/2018

MCJ 13-08-19

NCR: Yes / No

## **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: Date:

QA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Part No. _____  NCR No. _____											
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
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Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear					General						
Bending	General				Grain	Ovalized			Pressure/Forced		
Centre Not Concentric to O/S	Bend	General				Hardware	Over/Under tolerance			Temperature/Cure	
Cracks	BOM/Route	General				Inspection Incomplete	Part Incorrect			Weld	
Crushed/Crimped	Broken/Damaged	General				Instructions Incomplete/Unclear	Part Lost/Missing			Wrong Stock Pulled	
Cuffs	Burrs	General				Maintenance	Part Moved				
Heat Treat	Contamination	General				Mislabeled	Positioned Wrong				
Inspection Strip in Tube	Countersink	General				Misread	Power Loss/Surge				
Ripples in Bend	Cut Too Short	General				Offset					
Torque Waves in Extrusion	Drill Holes	General				Out of Calibration					
Turning Sequence	Drawing	General				Out of Sequence					
Wave/Twist in Tube	Finish	General				Outside Dimensions					
	Folio										

# Picklist Print

May-13-13 1:12:25 PM

Page 1

Work Order ID: 101709

Parent Item: D3214-I

Parent Item Name: Placard

Start Date: 5/13/13

Required Date: 5/31/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP A04.04.15 New issue KJ/RF  
IPP Rev:B Now 6061-T6 06-06-23 JLM  
13-02-08 JLM VERIFIED BY:DD

IPP REV C:NOW ON WATERJET

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.080 6061-T6 .080 Sheet		Purchased	No			110	sf	111.0973	0.0743	0.782105	1.0	JM3-07-21	

Location	Loc Qty	Loc Code
MAT021	111.097264	
117285	0.497264	
124786	110.6	

126309

126309

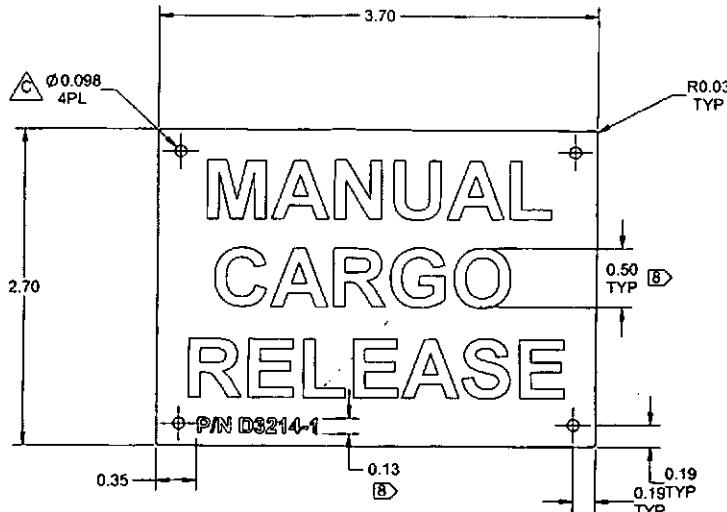
NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
NCR No. _____	Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality	<input type="checkbox"/>
	Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>		
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	
	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	
	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	
	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	
	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		
	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		
	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>		
	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Other	<input type="checkbox"/>		
	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		
	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		
	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>		



D3214-1 PLACARD

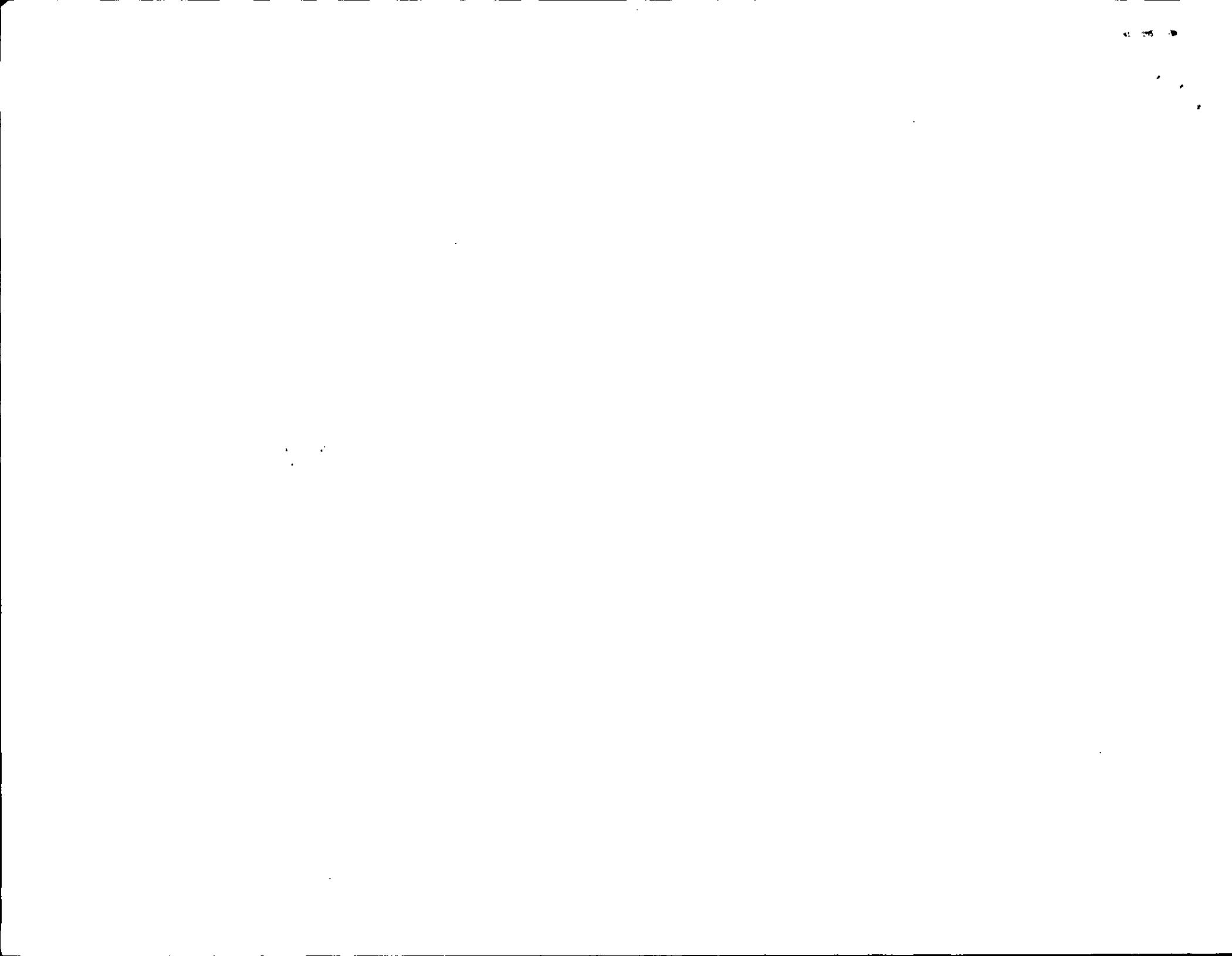
101709 MLJ  
13-05-14

RELEASED  
2013-02-07  
*[Signature]*

NOTES:

- 1) MATERIAL: 6061-T6 (PER QQ-A-250/11 OR AMS 4025 OR AMS 4027), 0.080 THICK  
REF DART SPEC M061T6S.0.08 OR  
5052-H32/H34 (PER QQ-A-250/8 OR AMS 4016), 0.080 THICK  
REF DART SPEC M5052H32S.0.080
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
POWDER COAT "BLACK SANDTEX" (4.3.5.7) PER DART QSI 005 4.3
- 3) TOLERANCES: N/A
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: LESS THAN 0.010 lbs
- 8) ENGRAVE ALL LETTERS TO A DEPTH OF 0.005 USING A TOOL RADIUS OF 0.039 AFTER POWDER COAT.

C	FORMAT TO CURRENT STDS; 3 HOLES ADDED; Ø0.098 4PL WAS 1PL. REF PAR12-185	SFM	13.01.15
B	ADD 6061-T6 MATERIAL	CB	06.05.29
A	NEW ISSUE	CB	04.01.27
REV.	DESCRIPTION		
DESIGN	RF	DART AEROSPACE LTD	
DRAWN	SFM	HAWKESBURY, ONTARIO, CANADA	
CHECKED	K	DRAWING NO.	REV. C
MFG. APPR.		D3214	SHEET 1 OF 1
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	PLACARD	NTS
DATE	13.01.15	COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS THE PROPERTY OF DART AEROSPACE LTD. IT IS PROVIDED FOR INTERNAL USE ONLY AND IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



<b>DART AEROSPACE LTD</b>	<b>Work Order:</b>	101709
<b>Description:</b> Placard	<b>Part Number:</b>	D3214-1
Inspection Dwg: D3214 Rev: C		Page 1 of 1

# **FIRST ARTICLE INSPECTION CHECKLIST**

Measured by:	Jm	Audited by:	27	Preliminary Approval:	
Date:	13-07-21	Date:	13-7-20		Date:

<b>Rev</b>	<b>Date</b>	<b>Change</b>	<b>Revised by</b>	<b>Approved</b>
E	10.04.14	Added preliminary approval	KJ	

MH 13/08/17

10.04.15

